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To:

NAME:	FACSIMILE:	TELEPHONE:
MS - IDS	(703) 872-9306	

MORRISON & FOERSTER OFFICE:

Barbara M. Hayashi, Orange County

FROM: Todd W. Wight

DATE: May 16, 2005

Number of pages with cover page:	6	
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Comments:

Attorney Docket No. :	480062004300
Group Art Unit:	3763
Examiner:	Not Yet Assigned
Application Number:	10/803,279
Filing Date:	March 18, 2004
Inventors:	Butts et al.
Title:	Catheter Connector
Attachments:	Transmittal (1 page), Supplemental IDS (3 pages), PTO-SB/08a/b (1 page)

oc-297070

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

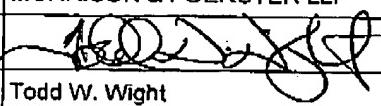
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/603,279
		Filing Date	March 18, 2004
		First Named Inventor	M. D. BUTTS
		Art Unit	3763
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	5	Attorney Docket Number	480062004300

ENCLOSURES (Check all that apply)

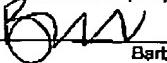
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB08/a/b – 1 page
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement – 3 pages	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Todd W. Wight		
Date	May 16, 2005	Reg. No.	45,218

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Dated: May 16, 2005

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Barbara Hayashi

oc-297069

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Patent
Docket No. 480062004300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
M. D. BUTTS et al.

Serial No.: 10/803,279

Filing Date: March 18, 2004

For: CATHETER CONNECTOR

Examiner: Not Yet Assigned

Group Art Unit: 3763

**SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. The Examiner is requested to make these documents of record.

oc-297068

This Information Disclosure Statement is submitted:

- With the application; accordingly, no fee or separate requirements are required.
- Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
 - A fee is required. A check in the amount of __ is enclosed.
 - A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is believed to be due.
- After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of __ is enclosed.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

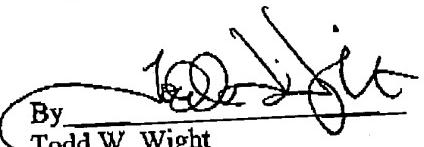
oc-297068

(iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 480062004300.

Dated: May 16, 2005

Respectfully submitted,

By 
Todd W. Wight

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oc-297068

PAGE 5/6 * RCVD AT 5/16/2005 2:15:51 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/0 * DNI:8729306 * CSID:949 251 0900 * DURATION (mm:ss):02:20

ALTERNATIVE TO PTO/SB/08a/b (06-03)

Substitute for form 1449/PTO				<i>Complete if Known</i>	
				Application Number	10/803,279
				Filing Date	March 18, 2004
				First Named Inventor	M. D. BUTTS
				Art Unit	3763
				Examiner Name	Not Yet Assigned
Sheet	1	of	1	Attorney Docket Number	480062004300

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (<i>if known</i>)	MM-DD-YYYY		
AA*	US-US 2005/0065794 A1	04-21-2005	Denoth et al.		
AB*	US-US 2004/0183305 A1	09-23-2004	Fisher		
AC*	US-US 2005/0095891 A1	05-05-2005	Schorn		

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code ² -Number-Kind Code ³ (<i>if known</i>)	MM-DD-YYYY		
					T ⁴

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kind Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			

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¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered
oc-297089		